## 123000064227

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SECTION AND ASSET FROM THE PROPERTY OF STATE

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
	RUSTED HEALTHCARE LL	.C			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MAYELIN DIAZ CUBA				
		Name of Person			
	MAYA'S TRUSTED HEA	ALTHCARE LLC			
		Firm/Company	<del></del>		
	2419 EAGLE TRACE DR				
		Address			
	KISSIMMEE, FL 34746				
		City/State and Zip Code			
	joel141003@hotmail.com		· · · · · · · · · · · · · · · · · · ·		
For further information c	e-mail address: (	to be used for future annual report not all:	ification)		
MAYELIN DIAZ CUBA	۸	407 301-3520 at ( )			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S	<del></del>	Street Address: Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l	rl 32314	2410 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MAYA'S TRUSTED HEALTHCARE LLC

<sup>2023</sup> JUL 25 PH 5: no

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/03/2023}{}$ Florida document number \_1.23000064227 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4702 TARGET BLVD Enter new principal offices address, if applicable: **STE 18** (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL 34746 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registerec agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date mu	date of filing:	data of Gillion or more than 000 days of the	ional)
Note: If the date inserted in this b	lock does not meet the applicabl	e statutory filing requirements, th	is date will not be listed as
document's effective date on the E	epartment of State's records.		
ne record specifies a delayed effective	re data, but not an affactive time	or 12:01 a.m. on the earlier of: (	h). The 90th day after the
ord is filed.	e date, but not an effective time	e, at 12.01 a.m. on the carrier or. (	b) The 90th day after the
	2027		
Dated July, 21st	2023		
,	HD, Sy L		
	CAROL	ed representative of a member	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee